

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 1012

FOR OFFICE USE ONLY

New Profile

Cjm

ULL: Friends of Democracy (NY)

RECEIVED JUL 15 2013

131824 IV D: s/B

CK# 1012 50- # 794,056

II Client Information

Name: New York Friends of Democracy

Permanent Business Address: PO Box 2104

City: New York

State: NY

ZIP code: 10101-2104

Business Phone:

Fax Number:

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying

Name: Featherstonhaugh, Wiley and Clyne LLP

Address: 99 Pine St

City: Albany

Compensation for current period: \$ 30,000 .00

☐ Designated

☐ Both

Phone Number: 518-436-0786

State: NY

ZIP code: 12207

B Type of Lobbyist: ☐ Retained ☐ Employed

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying

Name:

Address:

City:

Compensation for current period: \$.00

☐ Designated

☐ Both

Phone Number:

State:

ZIP code:

C Type of Lobbyist: ☐ Retained ☐ Employed

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying

Name:

Address:

City:

Compensation for current period: \$.00

☐ Designated

☐ Both

Phone Number:

State:

ZIP code:

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 30,000 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: SKD Knickerbocker DATE: 04 / 09 / 2013 ☐ Ad ☐ Social Event

PURPOSE: Communications Consulting AMOUNT: \$ 10,000 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 04 / 11 / 2013 ☒ Ad ☐ Social Event

PURPOSE: Advertising AMOUNT: \$ 16,504 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 05 / 21 / 2013 ☐ Ad ☐ Social Event

PURPOSE: Communications Consulting AMOUNT: \$ 10,000 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 05 / 23 / 2013 ☒ Ad ☐ Social Event

PURPOSE: Advertising and Communications Consulting AMOUNT: \$ 277,442 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 05 / 30 / 2013 ☒ Ad ☐ Social Event

PURPOSE: Mail and Advertising AMOUNT: \$ 135,050 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Compensation for current period: \$ _____ .00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: Featherstonhaugh, Wiley and Clyne DATE: 06 / 01 / 2013 ☐ Ad ☐ Social Event

PURPOSE: Reimbursement AMOUNT: \$ 230 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 06 / 05 / 2013 ☒ Ad ☐ Social Event

PURPOSE: Mail and Advertising AMOUNT: \$ 69,000 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: Brennan Center Strategic Fund DATE: 06 / 07 / 2013 ☒ Ad ☐ Social Event

PURPOSE: Advertising AMOUNT: \$ 10,000 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: _____ DATE: / / ☐ Ad ☐ Social Event

PURPOSE: Advertising and Communications Consulting AMOUNT: \$ _____ .00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: _____ DATE: / / ☐ Ad ☐ Social Event

PURPOSE: Mail and Advertising AMOUNT: \$ _____ .00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 38	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$.00
C. Itemize each expense exceeding \$75:		
PAID TO: SKD Knickerbocker	DATE: 03 / 21 / 2013	<input checked="" type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Production and Communications Consulting	AMOUNT: \$ 69,252 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO: SKD Knickerbocker	DATE: 03 / 27 / 2013	<input checked="" type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Advertising	AMOUNT: \$ 196,540 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<input checked="" type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period: \$ 794,018 .00 (if applicable, include all expenses from attached pages in total)		

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: _____
or
Single Source Person's Last Name: Soros First Name: Jonathan

Address: 888 Seventh Ave 40th Floor

City: New York State: NY ZIP code: 10106

Phone: _____

Date Contribution Received:	<u>03 / 21 / 2013</u>	Amount of Contribution:	<u>\$ 11,000</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: Friends of Democracy
or
Single Source Person's Last Name: _____ First Name: _____

Address: PO Box 33691

City: Washington State: DC ZIP code: 20033

Phone: _____

Date Contribution Received:	<u>03 / 21 / 2013</u>	Amount of Contribution:	<u>\$ 75,000</u>	<u>.00</u>
Date Contribution Received:	<u>03 / 27 / 2013</u>	Amount of Contribution:	<u>\$ 202,000</u>	<u>.00</u>
Date Contribution Received:	<u>04 / 09 / 2013</u>	Amount of Contribution:	<u>\$ 100,000</u>	<u>.00</u>
Date Contribution Received:	<u>05 / 20 / 2013</u>	Amount of Contribution:	<u>\$ 200,000</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Public Campaign Action Fund

or
Single Source Person's Last Name:

First Name:

Address: 1133 19th Ave NW, 9th Floor

City: Washington

State: DC

ZIP code: 20036

Phone:

Date Contribution Received:	05	/	22	/	2013	Amount of Contribution:	\$ 250,000	.00
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Date Contribution Received:	05	/	29	/	2013	Amount of Contribution:	\$ 75,000	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

V Source of Funding Disclosure

B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

VI Subjects lobbied:

Campaign Finance

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Senate, Assembly, Executive Branch

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A4980, S4705, S4897

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

David J. Donnelly

DATE: 7/12/13

PRINT NAME: LAST

Donnelly

FIRST *David*

TITLE:

Director

Mark One:



Chief Administrative Officer

☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.